

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10824919
APPLICANT(S)

FILING DATE 04/14/02

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	19	✓	19			
21	19	✓	19			
22	19	✓	19			
23	19	✓	19			
24	19	✓	19			
25	19	✓	19			
26	19	✓	19			
27	19	✓	19			
28	19	✓	19			
29	19	✓	19			
30	19	✓	19			
31	19	✓	19			
32	1		1			
33	1		1			
34	2		2			
35			1			
36			1			
37			1			
38			3			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	250		237			
TOTAL CLAIMS	251		239			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						